

Otterbein Rec Sports Registration Form

TEAM NAME: _____

LEAGUE: _____

CAPTAIN

PHONE:

ID# _____

EMAIL @otterbein.edu

CO-CAPTAIN

PHONE

EMAIL @otterbein.edu

ID# _____

FREE AGENTS: If you are an individual who would like to be placed on a team, please check this box: ☐

Please **PRINT** team members (including Team Captains):

1.	_____ ID# _____	M/F	TSHIRT SIZE__
2.	_____ ID# _____	M/F	TSHIRT SIZE__
3.	_____ ID# _____	M/F	TSHIRT SIZE__
4.	_____ ID# _____	M/F	TSHIRT SIZE__
5.	_____ ID# _____	M/F	TSHIRT SIZE__
6.	_____ ID# _____	M/F	TSHIRT SIZE__
7.	_____ ID# _____	M/F	TSHIRT SIZE__
8.	_____ ID# _____	M/F	TSHIRT SIZE__
9.	_____ ID# _____	M/F	TSHIRT SIZE__
	_____ ID# _____	M/F	TSHIRT SIZE__
10.	_____ ID# _____	M/F	TSHIRT SIZE__
	_____ ID# _____	M/F	TSHIRT SIZE__

Please note time preference for games:

5v5 Volleyball League (M/R)

- ☐ First game (8:15pm) ☐ Second game (9:00pm) ☐ Third game (9:45pm)
- ☐ No preference

Assumption of Risk Waiver Otterbein University Rec Sports

Sport:_____ **Team Name:**_____

I am aware that playing in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing in Otterbein University Rec Sports include but are not limited to, death, serious neck and spinal injuries that may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairments to other aspects of my body, general health, and well -being. I understand that playing in the Otterbein University Rec Sports may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I further acknowledge that I have read and understand the NCAA Concussion Fact Sheet (available from Otterbein University Rec Sports employees} and am aware of the following information:

1. A concussion is a brain injury which I am responsible for reporting to the Office of Student Affairs.
2. A concussion can affect my ability to perform everyday activities, including reaction time, balance, sleep, concentration and classroom performance.
3. It is my responsibility to report an incident if I receive a blow to the head or body and experience signs or symptoms of a concussion, which may include: headache, blurred vision, weakness in one arm or leg, loss of consciousness, stumbling, loss of balance, nausea and/or vomiting, confusion, memory loss, or change in personality. I understand I must report this immediately and as soon as I am physically capable of doing so.
4. I may notice some symptoms of a concussion immediately, but other symptoms may show up hours or days after the initial injury. It is my responsibility to report any delayed signs or symptoms.
5. If I suspect a teammate or friend, who has acknowledged receipt of and acceptance of this agreement, has a concussion, I am responsible for reporting the injury to the Office of Student Affairs.
6. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-like symptoms until I am cleared by a medical professional.
7. Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to accurately report my signs and/or symptoms if I have been diagnosed with a concussion.

Because of the dangers of participating in the Otterbein University Rec Sports programs, I recognize the importance of following all of the facility and tournament rules and regulations, and agree to obey such rules and regulations. In consideration of Otterbein University permitting me to play in the Otterbein University Rec Sports programs, I hereby assume all the risks associated with participation and agree to hold Otterbein University, its employees, professors, students, representatives, medical personnel, and volunteers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participation in any activities related to the Otterbein University Rec Sports programs. The terms hereof shall serve as a release and assumptions of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I take full responsibility for informing each team member of the rules and policies of Otterbein's Rec Sports, especially the areas of eligibility, safety, and conduct. I authorize the use of photographic and/or video images taken of this team by an Otterbein University representative to be used in publications and other marketing tools.

Signature_____Date_____

Signature_____Date_____

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